

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9	1					
10						
11						
12						
13						
14	1					
15						
16		1				
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49						
50						
<b>TOTAL IND.</b>	2					
<b>TOTAL DEP.</b>	14					
<b>TOTAL CLAIMS</b>	16					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>						